## does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:		<del></del>		
·		Total Fee	Calculation	n	·
	Fee Code	Total # Claims	Number Extra X	Fee	Fee = Total
	Sm/Lg.			Sm. Entity	Lg. Entity
Basic Filing Fee	201/101	110		•	- (29)
Total Claims >20	203/103	-20 =	x		13 - 12
Independent Claims >3	202/102	<u> </u>	x		78 857
Mult. Dep Claim Present	204/104	····		<del></del>	10 = 00 Vax
Surcharge	205/105			<del></del>	= 200
English Translation	139				<u> </u>
TOTAL FEE CALCULA	ATION .				2460
Fees due upon filing th	ne application:				
Total Filing Fees Due		2460			
Less Filing Fees Subm	itted - \$		·		
BALANCE DUE	=\$ <u>C</u>	2460			
Office of Initial Patent	Examination	<del></del> -			
- FORM OIPE-RAM-01 (Rev	·. 12/97)	Figu	ırë 7		,

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED NUMBER EXT			۱ ر	RATE	FEE		RATE	FEE		
	BASIC FEE						7.7.1	345.00	OR	21.	690.00		
TOTAL CLAIMS 4 minus 20=								X\$ 9=		OR	X\$18=	4,22	
INDEPENDENT CLAIMS / minus 3 = * //							X39=		OR	X78=	307		
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	260		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL (	9330	
CLAIMS AS AMENDED - PART II											OTHER		
			umn 1)			lumn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
ENT A		REM A	AIMS IAINING FTER NDMENT	·	PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENIDMENT</b>	Total	کُن ۰	15	Minus	'	49	=		X\$ 9=		OR	X\$18=	
AME	Independent	•	15	Minus	***	12/			X39=		OR	X78=	
Ë	FIRST PRESE	NTATI	ON OF MU	JETIPLE DEF	PENDE	ENT CLAIM		' [	+130=		OR	+260=	
									TOTAL		OR	TOTAL	
		(00	lumn 1)		(C)	olumn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		C	LAIMS MAINING		Н	IGHEST IUMBER	PRESENT	ן [	· · · · · · · · · · · · · · · · · · ·	ADDI-			ADDI-
		A	FTER NDMENT		PRI	EVIOUSLY AID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NON NON	Total	•		Minus	••		=	]	X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	I .	ON OF M	Minus	PEND	ENT CLAIM	=		X39=		OR	X78=	
$\vdash$	FIRST PRESE	MIAII	ON OF IM	OLITE DE	FEND	EINT OLAIIV	•	, l	+130=		OR	+260=	
									TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Co	lumn 1)		(C	olumn 2)	(Column 3)	<u> </u>					
ENT C		RE	LAIMS MAINING AFTER ENDMENT		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total			Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	•		Minus	•••		=	1	X39=		OR	X78=	
Ľ	FIRST PRESE	NTAT	ON OF M	ULTIPLE DE	PEND	ENT CLAIM	1	J	400		1	.260	
	If the entry in colu	mn 1 ic	less than t	he entry in col	umn 2	write "0" in a	olumn 3.		+130=		OR	+260=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													